

Vonda M. Wallace
Patent Specialist

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Akt34

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	
09/529617	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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TOTAL IND.	/					
TOTAL DEP.	/					
TOTAL CLAIMS	/					

*	IND.	DEP.	*	IND.	DEP.	*
51			60			
52			61			
53			62			
54			63			
55			64			
56			65			
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90			99			
91			100			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						